Run Date: 09/09/2014

# AZ DEPARTMENT OF WATER RESOURCES **WELL REGISTRY REPORT - WELLS55**

Well Reg.No

Location A 6.0 4.0 23 BCA

**55 -** 085724

AMA PHOENIX AMA

Registered

**GREASEWOOD ENTERPRISES LLC** 

Name

PO BOX 4470

File Type NEW WELLS (INTENTS OR APPLICATIONS)

Application/Issue Date 09/18/1980

**STATELINE** 

NV 89449

Owner OWNER

Driller No. 127

Driller Name SPUR CROSS DEVELOPMENT, INC.

**Driller Phone** 

County MARICOPA

Parcel No. 216-20-008B

Intended Capacity GPM

0.00

Well Type EXEMPT

SubBasin CAREFREE Watershed SALT RIVER

Registered Water Uses DOMESTIC

Registered Well Uses WATER PRODUCTION

Discharge Method NONE

Power ELECTRIC MOTOR < 1 HP

Well Depth 260.00 Pump Cap. 0.00

**Draw Down** 

Tribe: Not in a tribal zone

0.00

Case Diam 5.00 Case Depth 260.00 Water Level 140.00

Acres Irrig 0.00 **Tested Cap** 

0.00 CRT

Log Finish PLASTIC OR PVC

**Contamination Site:** NO - NOT IN ANY WQARF SITE

Comments # 196

**Current Action** 

5/9/2014

860 CHANGE OF WELL OWNERSHIP

Action Comment: kc

**Action History** 

1/1/1980

750

WELL DRILLER REPORT AND WELL LOG RECEIVED

**Action Comment:** 

1/1/1980

805

PUMP INSTALLATION COMPLETION REPORT RECEIVED

**Action Comment:** 

1/1/1980

755

WELL CONSTRUCTION COMPLETED

**Action Comment:** 



## Arizona Department of Water Resources

Water Management Division

P.O. Box 36020 Phoenix, Arizona 85067-6020 (602) 771-8527 • www.azwater.gov

## **Request to Change Well Information**

Review instructions prior to completing form in black or blue ink.

You <u>must</u> include with your Notice:

check or money order for any required fee(s)

❖ Authority for fee: A.R.S. § 45-113 and A.A.C. R12-15-104
 \*\* PLEASE PRINT CLEARLY \*\*

MAY - 8 2014 142260 WELL REGISTRATION NUMBER

55 - 085724

PELASE PRINT CLEARLY	I I I DOOD			
SECTION 1. REGISTRY INFORMATION	Br.			
Well Owner	Location of Well			
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL  OF COMPANY, OR INDIVIDUAL  OF COMPANY, OR INDIVIDUAL  OF COMPANY, OR	WELL LOCATION ADDRESS (IF ANY) 7355 E Lone Mtg Rd North			
MAILING ADDRESS  MAY 9 2014	TOWNSHIP (NS) RANGE (EM) SECTION 160 ACRE 40 ACRE 10 ACRE  CON 4E 23 NW 1/4 SW 1/4 NE 1/4			
CITY/STATE/ZIP CODE	133 ° 51 '176 "N /// ° 55 '329"w			
CONTACT PERSON NAME AND TITLE OF WATER RESOURCES	Degrees   Minutes   Seconds   Degrees   Minutes   Seconds   METHOD OF LATITUDE/LONGITUDE (CHECK ONE)			
TELEPHONE NUMBER FAX	*IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)  X NAD-83 Other (please specify):			
	BOOK MAP PARCEL IS LOCATED			
Type of Request (CHECK ONE)	216   20   008B Maricopo			
	II Our and in Tolk III for the			
(Fill out Section 2) (Fill out Section	(location, use, etc.) (Fill out Section 4)			
SECTION 2. REQUEST TO CHANGE WELL DRILLING C				
If drilling or abandoning a well, the Department must receive drilling firm prior to the commencement of well drilling or abar	this request and issue authorization to the new ——————————————————————————————————			
Current Well Drilling Contractor				
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	New Well Drilling Contractor FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL			
	Table of Sam First, Strating Mary, Or INDIVIDUAL			
DWR LICENSE NUMBER	DWR LICENSE NUMBER ROC LICENSE CATEGORY			
TELEPHONE NUMBER FAX	TELEPHONE NUMBER FAX			
SECTION 3. STATEMENT OF CHANGE OF WELL OWNE	RSHIP FEE \$30 per Well			
•				
Previous Well Owner	New Well Owner			
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL			
Randoll S Ulmes	GREASE WOUD ENTERPAISES LLC MAILING ADDRESS			
CITY/STATE/ZIP CODE	POBOX 4470 CITY/STATE/ZIP CODE			
SCOHSCALE Air SS255 CONTACT PERSON NAME AND TITLE	STATELINE NV 89449-4470 CONTACT PERSON NAME AND TITLE			
	JOHN ASKVIG, MGR.			
TELEPHONE NUMBER FAX Un known	1612 - 575 - 5677 FAX			
SECTION 4. CHANGE OF WELL INFORMATION (No Fee R	equired)			
NOTE: Applies only to wells that have already been drilled. For pro-	oposed wells, an amended Notice of Intent to Drill a Well must be filed.			
EXPLAIN				
SECTION 5. OPTIONAL BY PROPERTY OWNER AND W	ELL OWNER ONLY			
By checking this box, I hereby provide ADWR permission to enter the property for the purpose of taking water level measurements at this well. (See instructions.)				
SECTION 6. WELL OWNER SIGNATURE				
I HEREBY CERTIFY that the above statements are true to the best				
TYPE OR PRINT NAME AND TITLE	SIGNATURE OF WELL OWNER			
JOHN ASKVIE MER.	Jet thon 5/8/14			

#### WELL DRILLER REPORT

This report should be prepared by the driller in all detail and filed with the Department within 30 days following completion of the well.

1.	Owner	Alvin Sieve	Name
		4129 E. Campo Relli	o Dr., Phoenix, AZ 85032
		4127 L. Campo Bell	Address
2	Tagges A	or Operator	
٠.	Desace o	1 Operator	Name
			Address
			2001 C38
3.	Driller_	Spur Cross Dev., Inc	Name 2
	Bos	01632, Cano	
		<del>(                                    </del>	Address
4.	Location	of well:	Sec. 23, NE' SW' NW'
_	D	10. 0(6-4)23 he	2A 55-85724
5.	Permit N		<u>A</u> 35 -00/09
	<b>,</b>	•	DESCRIPTION OF WELL
6.	Total de	pth of hole 260	ft.
7.		Casing Pi/C	·
8.		~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	8 in from 0 to 10, 5" in from 0
	to 26		
9.		of sealing at reduction	
0.		11	, from to , from to
1.	Size of		Number of cuts per foot 4/2000
2.		n was installed: Lengt	
3.	Method o	of construction	drelled driven, bored, jetted, etc.
4.	Date sta	arted Nov	198)
5.	Data ass		
٠,	Date com	Month day	<u> 1980</u> y year
6.	Depth to	water : 140	ft. (If flowing well, so state.)
7.	Describe	point from which depth	n measurements were made, and give sea-level elevation if
	availab1	.e.	gara
8.	TE flored	The second section with all a	S 51
٥.	II LIOWI	ing well, state method o	or flow regulation
9.	REMARKS:		DO NOT WRITE IN THIS SPACE
			OFFICE RECORD
			Registration No. 55-85724
			Received By Entered /2-3-80 By By
			File No. A(6-4)23 bca
			11.10 NO. A(0=4)25 BC8

(Well log to appear on Reverse side)



## LOG OF WELL

Indicate depth at which water was first encountered, and the depth and thickness of water bearing beds. If water is artesian, indicate depth at which encountered, and depth to which it rose in well.

FROM (FEET)	TO (FEET)	DESCRIPTION OF FORMATION MATERIAL
0	80	rock
80	140	cemented rock
140	260	rock - coaterat 140-
I hereby certify ercin contained are	that this well was	drilled by me (or under my supervision), and that each and all of the statements of my knowledge and belief.
		Dullon
		Name
		Address

Date ....

### CHANGE OF WELL INFORMATION

Registration Number	55-85724		
I request the following	; information be change	d in well file numb	er <u>A(6-4)23 bca</u> :
			· · · · · · · · · · · · · · · · · · ·
			7
		<del></del>	1
	3 3 93 Date	Signature of W	ell Owner
	Dace	Bignature or w	err Owner
() si	PATEMENT OF CHANGE OF W	ELL OWNERSHIP	
I, KANDALL S.	OLMER	, state that	I am (no longer)
(new) owner of the well	l described below:		).
TWP ON RGE 4E,	SEC. 23, NE 1,	5Wz, NWz. 1	MARICOPA
Registration No. 5	4	_	(6-4)23bca
		J. c	
Previous Owner P.O.B.	VIEUE	New Owner	. OCMER
7355 E. Lone M	• · · · · · · · · · · · · · · · · · · ·	7355 E LOX	JE MTHRO A
Address		Address (MAILING)	STILL E PINNAKLE TEAK 4190 SCOTISO ALE, AL 85255
CAUR CREEK AZ	2 85331	CAUE CREEK	
City State	Zîp	City	State zip
and that well owner is	required to keep the I	Department well reg	nange in well ownership Estration records current
and accurate. Well dar changes take place.	ta and ownership change	es must be submitted	d within 30 days alter
			AK
			1
r		Do Refo	ce MAR 4th
	MIPPACII	7 ~ 2 prop	
	MIITKILI		- *203

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# DEPARTMENT OF WATER RESOURCES NOTICE OF INTENTION TO DRILL OR DEEPEN AN EXEMPT WELL

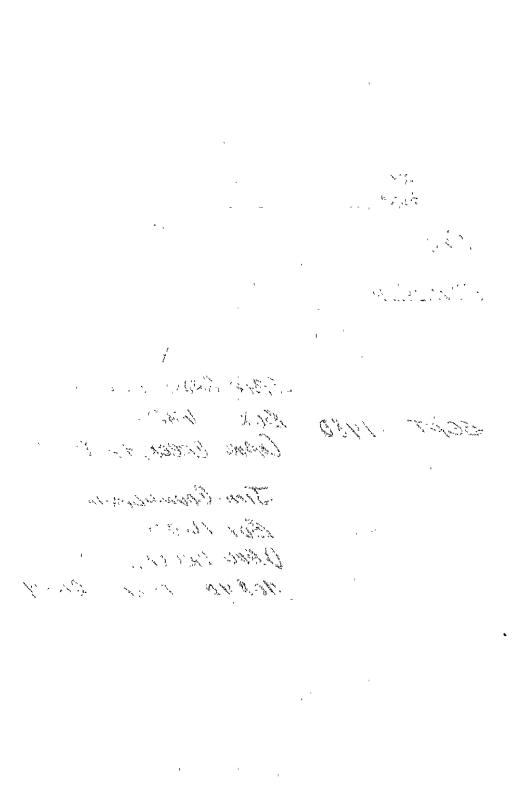
Section 45-596, Arizona Revised Statutes, provides: A person may not drill or cause to be drilled any well or deepen or replace an existing well without first filing Notice of Intention to Drill with the Department on a form prescribed and furnished by the Department. The well shall be completed within one year after the date of Notice. An exempt well means a well having a pump with a maximum capacity of not more than 35 gallons per minute which is used to withdraw groundwater. Exempt well may include the non-commercial irrigation of not more than 1 acres of land.

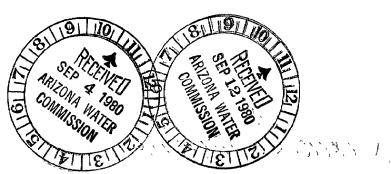
more	than I acre of land.		
		DESCRIPTION OF WELL	12. Design Pump Capacity
	OCATION OF WELL	7. Diameter 5/	201 201
		Depth 300/	206PM
	North	beptil	13. Action Requested
		8. Type of Casing	Drill 🗶
		o. 1) part casing	_
			Deepen
West	East	9. Principle use of Water	Replace
		Do mas-10	14. This Notice Filed By:
		- Domes/10	<pre>14. This Notice Filed By:     (check one)</pre>
	SW\4SE\4	10. Other uses intended	Owner
		10. Other daes intended	Lessee
		If non-commercial irrigation	
	South	state approximate area being cultivated.	Driller X
	dicate Well Location by X	cultivated.	Love April Dall
(	Above diagram represents one 640 acre section)	11 Compton to 111	SPUR UROSS DEV, INC.
		11. Construction will start about	
1	Township (aN	SEPT 198D	Address
1.	Township 67V	month year	(WALD, ADDOX 12 SE 321
2.	Panas 4F		CITY State 210
۷.	Range 7E		15. Drillers Name: 5000 - 0-55
3.	Section 23.	DO NOT WRITE IN THIS SPACE	15. Drillers Name: SPUR CROST
٠.	and de la	OFFICE RECORD	SIM COUNCILMAN
4.	NE 35W & NW	File No. A (6-4) 23 bca	Name
т.	10 acre subdivision	7.1	Address
5.	County Mariaga	Filed 9-12-80 By 1	Charles Anne of Anne
٠.	The way	Input 9-16-80 By (80)	11100 ORCCX H/83331
6.	Owner of Well	Duplicate	1/00/11 State
1	سرر در از	Mailed 9-18-80 By 1,	140890 - 1EMP - 010xy
77	WIN SIEVE		Diffiers Eldense Mumber
16	100 - 1111100 10:100	Registration No. 55-85724	4
141	JYE. CHINIO BELLOIR	MMA Non-Expansion Area	
n sai	112 0-022	_ Thoesing	
$\frac{1}{C_1}$	17 18 18035 VI		1
-10	, Stace Zip		ļ
<b>T</b> ~ 17	ephone	•	
T 55 T 6	sprone		
	,		•
INST	TRUCTIONS:		
l.			ent of Water Resources, 222 North
	Central Ave., Suite 850,		
2.			ening) well, state the registration
_	number of the existing we		
3.	Construction standards for	r new and replacement wells and	the deepening and abandonment of
	existing wells, shall be:	in accordance with Department Ru	ules and Regulations.
_	Alexan 1/a	allus.	1
Ι,	- I CARRY YOUR	Will, state that the const	truction will be under the direct
and	personal supervision of the		his form and that the designated

Signature of person filing

driller holds a contractors license pursuant to ARS 45-595.

Date





### State of Autone

## DEPARTMENT OF WATER RESOURCES

222 North Central Avenue, Suite 850 Phoenix, Arizona 85004

September 18, 1980

Alvin Sieve 4129 E. Campo Bello Dr. Phoenix, AZ 85032

Registration No. 55-85724

Dear Well Owner:

This copy of Notice of Intention to Drill Well is returned to you for your records. Your driller has been mailed separately a Well Drilling Card, Well Drilling Report, and Completion Report.

A.R.S. 45\(\delta\)600 requires the driller to furnish this Department a complete and accurate log of the well within 30 days of completion of drilling, and a Completion Report within 30 days after installation of pumping equipment.

Also enclosed for your future use is a Change of Well Information Form. Per A.R.S. 45-593, the person to whom a well is registered shall notify this Department of a change in ownership of the well and information pertaining to the physical aspects of the well to keep the well registration record current and accurate.

In the event it is necessary to change the location of the proposed well, you should obtain the written permission of the Department of Water Resources before proceeding with the drilling.

Very truly yours,

DEPARTMENT OF WATER RESOURCES

Rv:

Richard A. Gessner, Chief

Records Section

RAG/ps

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## Think Conservation!

Administration 255-1550, Water Resources and Flood Control Planning 255-1566, Dam Safety 255-1541, Flood Warning Office 255-1548, Water Rights Administration 255-1581, Hydrology 255-1586.

### DEPARTMENT OF WATER RESOURCES 222 North Central Ave., Suite 850 Phoenix, Arizona 85004

Registration No. 55-85724
Owner of Well Site <u>Alvin Sieve</u>
File No. A(6-4)23 bca
RT
epartment within 30 days after in-
in gallons per minute for a non- suring the discharge of the pump 4 hours and for a flowing well by urface.
owing well should be measured in inuous operation and while still shut-in pressure should be measure sper square inch at the land
easured in feet from the land sur- ity test.
h of Well
Date Well Tested
e, current meter, etc.)
wdownft.
wdown lbs. owing Well)
<i>a</i> .

### COMPLETION REPORT

- Completion Report to be filed with the Department within 30 days after installation of pump equipment.
- 2. The tested pumping capacity of the well in gallons per minute for a non-flowing well should be determined by measuring the discharge of the pump after continuous operation for at least 4 hours and for a flowing well by measuring the natural flow at the land surface.
- 3. Drawdown of the water level for a non-flowing well should be measured in feet after not less than 4 hours of continuous operation and while still in operation and for a flowing well the shut-in pressure should be measured in feet above the land or in pounds per square inch at the land surface.
- 4. The static groundwater level should be measured in feet from the land surface immediately prior to the well capacity test.

LOCATION OF THE WELL

T6N, R4E, Sec. 23, NE% SW% NW% Date Well Completed Well Test: Test Pumping Capacity (Gal. per min.) Method of Discharge Measurement (weir, orific Static Groundwater Level Dra Total Pumping Lift \_\_\_\_ Draw (F1 2. Equipment Installed: Kind of Pump (turbine, H.P. Rating of Motor\_ Kind of Power\_ (Elec., Nat. Gas, Etc.) I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief.  $\frac{1/\omega 35}{\text{Date}}$ , 1980

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Spur Cross Development, Inc.

For: Alvin Sieve & Kenneth Haese

Box 1632

Γ

Cave Creek, AZ 85331

STATE OF ARIZONA ARIZONA WATER COMMISSION WATER RIGHTS ADMINISTRATION 222 N. CENTRAL AVE - SUITE 550 PHOENIX, ARIZONA, 85004

RECEIPT - FILE

Νº 6282 KIND ENTRY FILE REFERENCE NO.

IND RCE	ACCOUNT NO.			INT.	[ -1HRU		
	AGENCY	CHAPTER	CHAPTER DIV.	ACCT.	ITEM DESCRIPTION	RATE	\$ AMOUNT
					Filing fee for Notice of Intention to Drill o  An Exempt Well	r Deepen	6.00 \$x99
				-	Water Rights (GW)	1 1.00 mags	
				 	The table of the same of	WAIT GUES	TS 2
		i			File #A(6-4)23 bca  Registration #55-85724 - Sieve	CHK   55-1	20 3.00
				Haese	File #A(6-3)20 cdc, Registration #55-85725	TAX TO:	6.00 0.00 TL 6.00
ļ					Check #3638	GEN.	

09-15-80